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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*NA*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NA*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/08/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Initials	DRAWING 7	<del>10</del> 28	3
Verified and Acknowledged	Examiner's Signature				

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## TITLE

Constant coverage waveguide

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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